	der the Paperworl ATENT AP				ERMINATIO	n record	,	\pplie	ation or E	(e)	Number 33,	216
CLAIMS AS FILED - PART I (Column 1) (Column 2)						OTHER THAN SMALL ENTITY OR SMALL ENTITY						
FOR			NUMBER FILED		NUMBER E	NUMBER EXTRA			FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))						T.		s		OR		\$
TOTAL CLAIMS (37 CFR 1.10(c))				minus 2				=		OR	x \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			minus 3 = *				X	-		OR	×=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+	=	-	OR	+=		
* 11 the 0	difference in column	1 is less	then zero, ent	er "()" in column	2		TOTA	L L		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMAL	L EN	TITY	OR	OTHER TI SMALL E	1	
AMENDMENT A		REM. AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE TION	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**	=	x \$	_=		OR	x S=	
	(37 CFR 1.16(c)) Independent	*		Minus	***	-	х	_=		OR	X <u>epende</u> ffi	
	(37 CFR 1.16(b))				ENDENT CLAIM	(37 CFR 1.16(d))	+		1	OR	+ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							AL.			TOTAL	11:5, 1 (11:11)
		(Co	lumn 1)		(Column 2)	(Column 3)	ADDIT. F	EE -		-	ADDIT, FEE	1 Commo
AMENDMENT B		REM A	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E .	ADDI-, TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* /	5	Minus	** 8	=	x \$	_=		OR	x \$=	
	Independent (37 CFR 1.16(b))	*	4	Minus	*** 5		x	=		OR	x	= .
	FIRST PRE	SENTA	TION OF M	ULTIPLE DE	PENDENT CLAIM	(37 CFR 1.16(d))	+	_ =		OF	*	=
(Column 1) (Column 2) (Column 3)							TC ADDIT.	TAL FEE			ADDIT. FEE	
AMENDMENT C		RE	CLAIMS MAINING AFTER ENDMENT	Г	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/A	ADDI-, ATE TIQNAE FEE	E -	RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		x \$_	=		; ;0 - 0	1 X.\$	= 1
	Independent (37 CFR 1.16(b))	*		Minus	***	=	x	=		1	or x	= ;
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							=		C)R +	=
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".							TOTAL			OR TOTA ADDIT. FE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement:

Burden Hour Statement:

This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Burden Hour Statement:

Burden Hour S